

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Bernie 2016

A. Full Name (Last, First, Middle Initial)

John Welch

Mailing Address 2040 Antananarivo Pl

City	State	Zip Code
Dulles	VA	20189-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
US National Cancer Institute

Occupation
Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : VPF7BHHT4N7

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		17		2016

Amount of Each Receipt this Period

250.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 441146

City	State	Zip Code
West Somerville	MA	02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18501756.40

Transaction ID : VPF7BHHT4N7E

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		18		2016

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)

Maureen Welch

Mailing Address 4259 County Road 4

City	State	Zip Code
Canandaigua	NY	14424-9557

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Rochester Medical Center

Occupation
Registered Nurse

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

368.70

Transaction ID : VPF7BHH2FE7

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		18		2016

Amount of Each Receipt this Period

50.00

* Earmarked Contribution: See Below

Subtotal Of Receipts This Page (optional).....

300.00

Total This Period (last page this line number only).....